

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>7-37-01</i>
O.I.P.E. CLASSIFIER		<i>[Handwritten]</i>	<i>7/16</i>
FORMALITY REVIEW	<i>K.S.</i>	<i>116</i>	<i>8/21/11</i>
RESPONSE FORMALITY REVIEW	<i>H.L.</i>	<i>1041</i>	<i>10/25/10</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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10-55-01